

Title 19 – DEPARTMENT OF HEALTH and SENIOR SERVICES

Division 30 – Division of Regulation and Licensure

Chapter 62 – Licensing Rules for Group Child Care Homes and Child Care Centers

EMERGENCY AMENDMENT

19 CSR 30-62.182 Child Care Program. The department is amending subsections (1)(D) and (2)(C).

PURPOSE: This amendment implements safe sleep recommendations from the American Academy of Pediatrics (AAP) Task Force on Sudden Infant Death Syndrome for a safe infant sleeping environment and Section 210.223, RSMo.

*EMERGENCY STATEMENT: According to the Centers for Disease Control and Prevention, Sudden Infant Death Syndrome (SIDS) was the fourth leading cause of death for infants in 2013. Infants are at an increased risk of SIDS if they are placed on their stomachs to sleep and are placed in an unsafe sleep environment. The American Academy of Pediatrics (AAP) Task Force on SIDS has made safe sleep recommendations for infants to help reduce the risk of SIDS. Section 210.223.6, RSMo (HCS for SCS for SB 341, 98th General Assembly, First Regular Session (2015)) requires licensed child care facilities that provide care to children less than one (1) year of age to implement and maintain AAP safe sleep recommendations, which include placing infants on their backs to sleep, providing supervised tummy time, and requires written instructions from a licensed health care provider for alternative sleep positions or special sleep arrangements. Section 210.223, RSMo, authorizes the Department of Health and Senior Services (DHSS) to promulgate emergency rules to implement these recommendations. There are approximately 2,080 licensed group child care homes and child care centers in Missouri. At the time of this publishing, licensed group child care homes and child care centers have a capacity to care for approximately 135,700 children at any given time. Of the total number of licensed group child care homes and child care centers, 1,048 facilities are licensed to care for children less than one (1) year of age. This emergency amendment is necessary to protect the health of children in child care settings, particularly related to reducing the risk of SIDS by ensuring a safe sleep environment for children less than one (1) year of age. As a result, the DHSS finds an immediate danger to the public health, safety, and/or welfare and a compelling governmental interest, which requires this emergency action. A proposed amendment, which covers the same material, is published in this issue of the **Missouri Register**. The scope of this emergency amendment is limited to the circumstances creating the emergency and complies with the protections extended in the **Missouri** and **United States Constitutions**. The DHSS believes this emergency amendment is fair to all interested persons and parties under the circumstances. This emergency amendment was filed November 10, 2015, becomes effective November 20, 2015, and expires May 17, 2016.*

(1) Care of the Child.

(D) Care of Infants and Toddlers.

1. Infants and toddlers shall have constant care and supervision. **Home monitors or commercial devices marketed to reduce the risk of Sudden Infant Death Syndrome (SIDS) shall not be used in place of supervision while children are napping or sleeping.**
2. Children shall be cared for by the same caregiver on a regular basis.
3. Caregivers shall be alert to various needs of the child such as thirst, hunger, diaper change, fear of or aggression by other children, and the need for attention.

(2) Daily Activities for Children.

(C) Daily activities for infants and toddlers shall include:

1. Developmental and exploratory play experiences and free choices of play appropriate to the interests, needs, and desires of infants and toddlers;
2. Regular snack and meal times according to each infant's individual feeding schedule as stated by the parent(s);
3. **Supervised "tummy time" for children under one (1) year of age to promote healthy development;**

[3.] **4. A supervised nap period that meets the child's individual needs[.] shall meet the following requirements:**

- A. A child under twelve (12) months of age shall be placed on his/her back to sleep.**
- B. An infant's head and face shall remain uncovered during sleep.**
- C. Infants unable to roll from their stomachs to their backs and from their backs to their stomachs shall be placed on their backs when found face down. When infants can easily turn from their stomachs to their backs and from their backs to their stomachs, they shall be initially placed on their backs, but shall be allowed to adopt whatever positions they prefer for sleep.**
- D. An infant shall not be overdressed when sleeping, to avoid overheating. Infants should be dressed appropriately for the environment, with no more than one (1) layer more than an adult would wear to be comfortable in that environment.**
- E. When, in the opinion of the infant's licensed health care provider, an infant requires alternative sleep positions or special sleeping arrangements that differ from those set forth in this rule, the provider shall have on file at the facility written instructions, signed by the infant's licensed health care provider, detailing the alternative sleep positions or special sleeping arrangements for such infant. The caregiver(s) shall put the infant to sleep in accordance with such written instructions. *[Unless a written exception from a child's physician is on file at the facility, a child under twelve (12) months of age shall be placed on his/her back to sleep. An infant's head shall remain uncovered during sleep.]***
- F. Pacifiers, if used, shall not be hung around the infant's neck. Pacifier mechanisms or pacifiers that attach to infant clothing shall not be used with sleeping infants.**
- G. After awakening, an infant may remain in the crib as long as s/he is content, but never for periods longer than thirty (30) minutes.**
- H. Toddlers shall be taken out of bed for other activities when they awaken;**

[4.] **5. Individual attention and play with adults, including holding, cuddling, talking, and singing;**

[5.] **6. Opportunities for sensory stimulation which includes visual stimulation through pictures, books, toys, nonverbal communication, games, and the like; auditory stimulation**

through verbal communication, music, toys, games, and the like; and tactile stimulation through surfaces, fabrics, toys, games, and the like;

[6.] **7.** Encouragement in the development of motor skills by providing opportunities for supervised “tummy time”, reaching, grasping, pulling up, creeping, crawling, and walking; and

[7.] **8.** Opportunity for outdoor play when weather permits.

AUTHORITY: section 210.221, RSMo 2000, and section 210.223, RSMo (HCS for SCS for SB 341, 98th General Assembly, First Regular Session (2015)). This rule previously filed as 13 CSR 40-62.170, 13 CSR 40-62.182, and 19 CSR 40-62.182. Original rule filed March 29, 1991, effective Oct. 31, 1991. Changed to 19 CSR 40-62.182, effective Dec. 9, 1993. Changed to 19 CSR 30-62.182 July 30, 1998. Amended: Feb. 18, 1999, effective Sept. 30, 1999. Amended: Filed Jan. 28, 2011, effective July 30, 2011. Emergency amendment filed November 10, 2015, effective November 20, 2015, expires May 17, 2016. A proposed amendment covering this same material is published in this issue of the **Missouri Register**.*

**Original authority: 210.221, RSMo 1949, amended 1955, 1987, 1993, 1995, 1999.*